



Personal Preparedness Workshop Sign-in Sheet

Date: _____

Location: _____

Presenter: _____

Please give us your name and email address if you are willing to complete a follow up survey about your level of individual preparedness. We may email you a survey in a few months.

Name:	Email Address	Address (Optional)

Please mail the sign-in sheet and the workshop evaluations to: Lori Walter, Community Health Institute, Inc. 501 South Street, 2nd Floor, Bow, NH 03304, 603-573-3306.